STATE OF ILLINOIS)
ILLINOIS STATE POLICE) FCCA Application Number: #
FIREARMS SERVICES BUREAU)
CCL Application Inadverte	ent Yes Answer – Developmentally/Intellectually Disabled
	<u>AFFIDAVIT</u>
The undersigned,	full legal name), being first duly sworn
(print) Upon oath, states as follows:	
1. My Firearm Concealed Co	arry Application Number is
that my CCL application	(date), I received notification from the Illinois State Police n was denied. The stated reason for the denial is that on my nat I am intellectually or developmentally disabled.
3. I hereby certify that I a developmentally disabled	nswered this question in error, and that I am not intellectually or d.
4. I understand that this aff	idavit shall constitute part of my license application.
	nt to Section 30 (a) of the Firearm Concealed Carry Act, entering false avit is punishable as perjury under Section 32-2 of the Criminal Code
FURTHER AFFIANT SAYETH NOT.	
	Signature
Subscribed and sworn to before me	
This day of	_,·
Notary Public	